

Focal Segmental Glomerulosclerosis (FSGS) Clinical Trial Hospitalization Form (Form # 62)

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1. Participant ID Number

ALPHCD

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2. Alpha Code

Visit Number: VISN
(automatically calculated)

3. Date of hospitalization.....(dd/mmm/yyyy) ___/___/___ HOSPDT
4. a. Was the participant discharged or did the participant expire while in the hospital..... DISEXP
1 = discharged, 2 = expired
- b. Date of discharge or death.....(dd/mmm/yyyy) ___/___/___ DSCHDT

5. Top three diagnosis codes:

Diagnosis:	MedDRA Code:
a.	MDC11F1
b.	2
c.	3

6. Top three procedure codes:

Procedure:	MedDRA Code:
a.	MDC11F4
b.	5
c.	6

Primary and secondary cause of hospitalization as determined by PI

	Cause of Hospitalization:	MedDRA Code:
7. Primary cause		MDC11F7
8. Secondary cause		8

9. a. Is the hospitalization related to a randomized drug? ..(0 = no, 1 = yes, 8 = NA, 9 = unknown) ___ HOSPNY1
- b. Is the hospitalization related to other study requirements? .. (0 = no, 1 = yes, 9 = unknown) ___ HOSPNY2
- c. Is the hospitalization related to the underlying disease? (0 = no, 1 = yes, 9 = unknown) ___ HOSPNY3

200. Date this form completed.....(dd/mmm/yyyy) ___/___/___

201. Username of person completing this form.....

Automatically stored:

202. Date this form entered (dd/mmm/yyyy) ("Created On")

203. Username of person entering this form ("By")